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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/560,548
Filing Date	December 12, 2005
First Named Inventor	Daniel Dreyer
Title	Separator Material For Forming A .
Art Unit	
Examiner Name	
Attorney Docket Number	534P015

I hereby appoint:

- Practitioners associated with the Customer Number:

42754

OR

- Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Robert C. Frame	54,104
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

- The address associated with the above-mentioned Customer Number:

OR

- The address associated with Customer Number:

Firm or Individual Name	Nields & Lemack		
Address	176 E. Main Street Suite 7		
City	Westboro	State	MA
Country	USA		
Telephone	508-898-1818	Fax	508-898-2020

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	X 13/01/06
Name	Daniel Dreyer	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OR:

The address associated with Customer Number:

<input checked="" type="checkbox"/> Firm or Individual Name: Niels & Lemack		
Address: 176 E. Main Street Suite 7		
City: Westboro	State: MA	Zip: 01581
Country: USA		
Telephone: 508-898-1818	Fax: 508-898-2020	

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature:	X	Date:	X 13 Jan 06
Name:	Jean-Martial Caublot	Telephone:	
Title and Company:			

NOTE: Signatures of all the inventors or assignees, or record of the entire interest or their representative(s), are required. Submit multiple forms if more than one signature is required, see below:

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